

**Attachment C**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Equal Opportunity Applicant Data Form**

**Please Print – Do Not Alter Form**

Name of Program/Facility \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Name of Unit \_\_\_\_\_

Form Completed By \_\_\_\_\_

Name

Title

Phone #

Vacancy/Classification Title (print in full) \_\_\_\_\_ PIN# \_\_\_\_\_

Management Service \_\_\_\_\_ Skilled/Professional \_\_\_\_\_ Special Appointment \_\_\_\_\_ Executive Service \_\_\_\_\_

**Total # Applications Received** \_\_\_\_\_

**Total # Applicants Interviewed** \_\_\_\_\_

<u>Race</u>	<u>M</u>	<u>F</u>
1 White	_____ / _____	_____ / _____
2 Black/African American	_____ / _____	_____ / _____
3 Amer Indian/Alaska Native	_____ / _____	_____ / _____
4 Asian	_____ / _____	_____ / _____
5 Native Hawaiian/Other Pacific	_____ / _____	_____ / _____
6 No Race Checked	_____ / _____	_____ / _____
7 Multi Racial	_____ / _____	_____ / _____
8 Race/Sex Unknown	_____ / _____	_____ / _____
9 <b>Ethnicity:</b> Hispanic or Latino	_____ / _____	_____ / <u>1</u>

<u>Race</u>	<u>Total# by Sex</u>	
	<u>M</u>	<u>F</u>
1 White	_____ / _____	_____ / _____
2 Black/African American	_____ / _____	_____ / _____
3 Amer Indian/Alaska Native	_____ / _____	_____ / _____
4 Asian	_____ / _____	_____ / _____
5 Native Hawaiian/Other Pacific	_____ / _____	_____ / _____
6 No Race Checked	_____ / _____	_____ / _____
7 Multi Racial	_____ / _____	_____ / _____
8 Race/Sex Unknown	_____ / _____	_____ / _____
9 <b>Ethnicity:</b> Hispanic or Latino	_____ / _____	_____ / _____

**Selected Applicant**

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Grade/Step \_\_\_\_\_

Hispanic or Latino? \_\_\_\_\_

**Recruitment Source(s)**

- Eligible List
- Open Job Flyer
- Newspaper Ad \_\_\_\_\_  
Newspaper Name
- DHMH Limited Job Flyer
- Posting (attach copy)

**Screening Method(s) – Check all that apply**

- DHMH Test
- DBM Test
- Screen Com/Panel Interview
- Hiring Mgr/Supr Interview
- Reference Check
- Other (explain on back)

**Names of Panel Members**

Race

Sex

Briefed?

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**The EEO Risk Management Briefing is mandatory. Panel must be diverse and have at least three members.**

**Personnel Officer**

**Date**

**Telephone Number**